

~~IND/DEP~~ DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10721434

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS	9					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						